

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>C</i>		10/22
O.I.P.E. CLASSIFIER	<i>Dr</i>	32	10/26
FORMALITY REVIEW	<i>min</i>	780	11-20-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/22
2	✓	✓	10/22
3	✓	✓	10/22
4	✓	✓	10/22
5	✓	✓	10/22
6	✓	✓	10/22
7	✓	✓	10/22
8	✓	✓	10/22
9	✓	✓	10/22
10	✓	✓	10/22
11	✓	✓	10/22
12	✓	✓	10/22
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47	✓	✓	10/22
48	✓	✓	10/22
49	✓	✓	10/22
50	✓	✓	10/22

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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